

**STANDING ORDER FOR MULTIPLE TRAUMA BANNA HOSPITAL (1)**

Progress Note	Date time	Order for one day	Date time	Order for continuation
		<input type="checkbox"/> NPO <u>Investigations</u> <input type="checkbox"/> CBC, BUN, creatinine, electrolytes, PT, PTT, INR <input type="checkbox"/> G/M PRC ____ units ได้แล้วให้เลย ____ unit (s) IV drip in ____ hr/unit <input type="checkbox"/> DTX stat ____ mg% <input type="checkbox"/> UA <input type="checkbox"/> Film c-spine AP, lateral, open mouth <input type="checkbox"/> Film chest x-ray <input type="checkbox"/> Film pelvis AP <input type="checkbox"/> Other films <u>Fluid</u> <input type="checkbox"/> RLS ____ mL IV load then IV drip rate ____ mL/hr <input type="checkbox"/> NSS ____ mL IV load then IV drip rate ____ mL/hr <u>Extremities</u> <input type="checkbox"/> External splint at _____ With _____ <u>Tetanus</u> <input type="checkbox"/> Tetanus antitoxin 250 units IM stat <input type="checkbox"/> DT 1 course <input type="checkbox"/> DT booster 0.5 mL IM stat <u>Adjunct to Primary Survey</u> <input type="checkbox"/> FAST/eFAST Positive/Negative at ____ <input type="checkbox"/> Retained NG tube <input type="checkbox"/> Retained Foley's catheter		<input type="checkbox"/> NPO <input type="checkbox"/> Diet _____ <input type="checkbox"/> Record V/S , I/O as mL <input type="checkbox"/> Record SpO <sub>2</sub> <input type="checkbox"/> DTX q 6 hr , keep _____ mg% <input type="checkbox"/> Absolute bed rest <input type="checkbox"/> Wound dressing OD <u>Medications</u> <input type="checkbox"/> Cefazolin 2 g IV q 6 hr <input type="checkbox"/> Omeprazole 40 mg IV OD <input type="checkbox"/> Paracetamol (500) 1 tab po prn q 4-6 hrs
Name of Patient	Age	H.N.	A.N.	
Department of Service	Ward/Bed	Attending Physician		

STANDARD ORDER FOR MULTIPLE TRAUMA BANNA HOSPITAL (2)

Progress Note	Date	Order for one day	Date	Order for continuation
		<p><b><u>Airway and c-spine</u></b></p> <p><input type="checkbox"/> On ETT no. _____, depth _____ cm</p> <p><input type="checkbox"/> On Philadelphia collar</p> <p><b><u>Chest</u></b></p> <p><input type="checkbox"/> On ICD no. _____, depth _____ cm</p> <p><input type="checkbox"/> Repeat chest x-ray</p> <p><input type="checkbox"/> On oxygen mask with bag 10 LPM</p> <p><input type="checkbox"/> Keep RR &lt; 20/min, SpO2 ≥ 95%</p> <p><input type="checkbox"/> CT chest with contrast</p> <p><b><u>Abdomen</u></b></p> <p><input type="checkbox"/> Repeat FAST/eFAST Positive/Negative at _____</p> <p><input type="checkbox"/> Hct q _____ hrs, if Hct ≤ 25% or Hct drops ≥ 3%, please notify</p> <p><input type="checkbox"/> Serial abdominal examinations by the same physician q 2 hrs</p> <p><input type="checkbox"/> CT whole abdomen with contrast</p> <p><b><u>Neurological</u></b></p> <p><input type="checkbox"/> Phenytoin _____ mg IV drip in 30 mins then _____ mg q _____ hrs</p> <p><input type="checkbox"/> No sedative drugs</p> <p><input type="checkbox"/> No narcotic drugs</p> <p><input type="checkbox"/> Observe GCS, if drops ≥ 2, or M drops ≥ 1, please notify</p> <p><input type="checkbox"/> Observe new neurological symptoms, if present, please notify</p> <p><input type="checkbox"/> Observe clinical, if severe headache or severe vomiting, please notify</p> <p><input type="checkbox"/> ในผู้ป่วยที่ตีศีรษะ Observe ครบ 2 ชั่วโมงแล้ว GCS ยังไม่เต็ม 15, please notify</p> <p><input type="checkbox"/> CT brain non-contrast</p>		
Name of Patient	Age	H.N.	A.N.	
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**Moderate risk**

- GCS 13-14
- GCS 15 with one of these
  - Vomiting (0-1 episodes)
  - Loss of consciousness  $\geq$  5 mins
  - Headache (not localized only at the wound)
  - Post-traumatic amnesia  $\geq$  30 mins
  - Drug/alcohol intoxications
  - Risk of bleeding tendency
  - Dangerous mechanism (ตกจากที่สูงกว่า 0.9 เมตร, รถจักรยานยนต์, คนเดินถนน, พลิกคว่ำ, กระเด็นออกนอกตัวพาหนะ, ผู้โดยสารอื่นเสียชีวิต)

**High risk**

- GCS  $<$  15 after accident 2 hours
- Suspected of opened skull fracture or fracture base of skull
- Vomiting ( $\geq$  2 episodes)
- GCS, if drops  $\geq$  2 without other causes
- Focal neurological signs
- Post-traumatic seizure
- Age  $\geq$  65 and loss of consciousness or amnesia
- Use of anticoagulant

